

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

225

68-032050

FILED SEP 3 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Clinton

Length of stay in 1b

4 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Wright Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cedar

c. CITY OR TOWN

Humansville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

Lin Daley

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First LELA

Middle MAE

Last ASHLOCK

4. DATE OF DEATH

Month Day Year Aug 26 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-11-1909

9. AGE (last birthday)

54

UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Humansville Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas Miller

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Kenneth Ashlock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give year or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Beckwith Funeral Home

Address

Humansville Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

minutes

DUE TO (b)

Myocardial Infarction secondary to Brain

weeks

DUE TO (c)

Cerebral Blood

year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Increased intra cranial pressure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/23/63 to 8/26/63 and last saw her him alive on 8/26/63 3pm
Death occurred at 5:55 pm 8/26/63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James C. Chase DO

22b. ADDRESS

105 E Ohio Clinton Mo 8/28/63

22c. DATE SIGNED

(State)

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-29-63

23c. NAME OF CEMETERY OR CREMATORY

Humansville

23d. LOCATION (City, town, or county)

Humansville Mo.

24. FUNERAL DIRECTOR

BECKWITH Funeral Home

ADDRESS

Humansville Mo.

25. DATE RECD. BY LOCAL REG.

8-28-1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED		
1 0425			
2 0200			
3			
4 1			
5 1			
6			
7 0			
8 2			
9 170X			
10			
11			
12 2.2			
13 1-0			

SEP 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F L Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained
8/28/63
M.B.